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PATENT APPLICATION FEE DETERMINATION RECORD

ve December 8, 2004

Application or Docket Number

0/530227

| L  |  |   |                   |   |              |                                     |               |                    |                        |       | 7 × 0               | • • .  |
|--|--|---|-------------------|---|--------------|-------------------------------------|---------------|--------------------|------------------------|-------|---------------------|--|
|  | CLAIMS AS FILED - PART I                       |   |                   |   |              |                                     |               | SMACK E            | NTITY                  |       |                     | R THAN   |
| F  |  |   | <del>-,</del>     | olumn 1)  | <del>,</del> | (Column 2)                          | <del>-,</del> | TYPE               |                        | O     | R SMAL              | L ENTITY   |
| Ľ  | .S. NATIONA                                    | L STAGE FEES  | 3                 |   |              |                                     |               | RATE               | FEE                    |       | RATE                | FE   |
| В  | ASIC FEE                                       |   | SMALL             | . ENT. = \$ 150   | LAI          | RGE ENT. = \$ 300                   |               | BASIC FEE          |                        | Of    | R BASIC FEE         | 300  |
| E  | KAMINATION                                     | FEE   |                   | CT Article 33(1)-<br>\$ 50 / \$ 100                                     | All          | other situations = \$ 100 / \$ 200  | 7             | EXAM. FEE          |                        |       | EXAM. FEE           | 200  |
| SE   | EARCH FEE                                      |   | ALL oth           | U.S. is ISA = \$50 / \$ 100<br>ALL other countries =<br>\$ 200 / \$ 400 |              | other situations = \$ 250 / \$ 500  | 1             | SEARCH FEE         |                        |       | SEARCH FEE          | 1  |
| FE   | E FOR EXTRA                                    | SPEC. PGS.  |                   | minus 100 =   |              | / 50 =                              |               | X \$ 125 =         |                        |       | X \$ 250 =          | =  |
| тс   | TAL CHARGE                                     | ABLE CLAIMS   | 55                | 55 minus 20 = .   |              | 35                                  | 1             | X \$ 25 =          |                        | OR    | X \$ 50 =           | 125  |
| INC  | DEPENDENT C                                    | CLAIMS  | 2                 | minus 3 =   | *            |                                     |               | X \$ 100 =         |                        | OR    | X \$ 200 =          | -  |
| MU   | ILTIPLE DEPE                                   | NDENT CLAIM P   | RESENT            | <del></del>   |              |                                     |               | + \$ 180 =         |                        | OR    | + \$ 360 =          | 1  |
| If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |                   |   |              |                                     | TOTAL         | 1                  | OR                     | TOTAL | 260                 |  |
| _  | Т  | CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS   HIGHEST |                   |   |              |                                     |               | SMALL              | <del></del>            | OR    | OTHER<br>SMALL      | ENTITY   |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                       |                   | HIGHE<br>NUMB<br>PREVIOU<br>PAID F                                      | ER<br>JSLY   | PRESENT<br>EXTRA                    |               | RATE               | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE                           |
|  | Total  | *   | Minus             | **  | <u> </u>     | =                                   | ı             | X \$ 25 =          |                        | OR    | X \$ 50 =           | 1  |
|  | Independent                                    | *   | Minus             | ***   |              | =                                   | Ì             | X \$ 100 =         |                        | OR    | X \$ 200 =          | <del>                                     </del> |
| •  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                   |   |              |                                     | l             | + \$ 180 =         |                        | OR    | + \$ 360 =          |  |
|  |  |   |                   | ····  |              |                                     | L             | TOTAL ADDIT.       |                        | ÓR    | TOTAL ADDIT.        |  |
|  |  | •   |                   |   |              |                                     |               | FEE !              |                        | _     | FEE                 | <b></b>  |
|  |  | (Column 1)  |                   | (Column   | 2)           | (Column 3)                          |               |                    | •                      |       |                     |  |
|  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                       |                   | HIGHES<br>NUMBE<br>PREVIOUS<br>PAID FO                                  | R<br>SLY     | PRESENT<br>EXTRA                    |               | RATE               | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE                           |
|  | Total  | •   | Minus             | **  |              | =                                   |               | X \$ 25 =          |                        | OR    | X \$ 50 =           |  |
|  | Independent                                    | *   | Minus             | ***   |              | =                                   |               | X \$ 100 =         |                        | OR    | X \$ 200 =          |  |
|  | FIRST PRESENTATION OF MULTIPLE DEP             |   |                   | PENDENT CL  | MIA          |                                     |               | + \$ 180 =         |                        | OR    | + \$ 360 =          |  |
|  |  |   |                   | · · · · · · · · · · · · · · · · · · ·                                   |              |                                     | ī             | OTAL ADDIT.<br>FEE |                        | OR    | TOTAL ADDIT.<br>FEE |  |
|  |  |   |                   |   |              |                                     |               | ree <b>(_</b>      |                        |       | ree 1               |  |
|  |  |   |                   |   |              |                                     |               |                    |                        |       |                     |  |
| Ħ  | the entry in colur                             | nn 1 is less than the   | entry in colum    | n 2, write "0" in co  | dumn :       | 3.                                  |               |                    |                        |       |                     |  |
|  |  | nber Previously Paid<br>nber Previously Paid                                    |                   |   |              |                                     |               |                    |                        |       |                     |  |
| T  | he "Highest Num                                | ber Previously Paid   | For" (Total or In | orace is ress the<br>idependent) is the                                 | highe        | enter "5".<br>est number found in 1 | the a         | ppropriate box i   | n column 1.            |       |                     |  |